MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-049,844

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2		1					52							
3		1					53							
4	1						54							
5		1					55							
6	1						56							
7		1					57							
8		1 2					58							
9		1					59							
10	1						60							
11		1					61							
12							62							
13							63							
14							64							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4						TOTAL IND.							
TOTAL DEP.	7						TOTAL DEP.							
TOTAL CLAIMS	11						TOTAL CLAIMS							

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEP
Pat